L20 000 223906

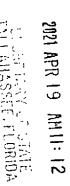
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

Division of Corporations		
JAHVA STUDIO, LLC SUBJECT:		
(Name of Li	mited Liability	Company)
The enclosed member, resignation or disso	ciation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter	to:
EDWIN GRABERT		
(Contact Person)		
JAHVA STUDIO, LLC		
(Firm/Company)	_	
6800 GULFPORT BLVD #205		
(Address)		
SOUTH PASADENA, FL 33707		
(City/State and Zip Code)		
For further information concerning this ma-	tter, please ca	all:
EDWIN GRABERT	727 at (4220629
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable		la Department of State for: ling Fee & Certified Copy
■ \$25 Filing Fee	□ \$25 FI	ing ree & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations The Centre of Tallahassee
P.O. Box 6327		2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314		Tallahassee, FL 32303

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as VA STUDIO, LLC	• •	of the Florida Department
2. The Florida doc L20000223906	ument/registration number as	ssigned to this limited liab	vility company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/re:	03/17/2021 sign is:
DIOTE A MALE			
MANAGER	name of verson resigning)		
	(Print Title)		
resignation in w	issociating Member or Resig		2021 APR 19
	\$25.00 (Required) \$30.00 (Optional)		AHII: 12